

# IDOI WEBINAR Q&A COMPILATION

## ***Webinar 1 Questions and Answers***

- 1. Q: With regards to student health insurance plans, what will be considered as the implementation date?**

We expect further guidance from CMS regarding this issue. We would expect to receive your submission at least 90 days prior to your expected implementation date.

- 2. Q: Has IN disclosed what the due date is for each of the filing types?"**

May 11, 2016 is the deadline for Stand Alone Dental—on and off the Marketplace. May 11 is also the due date for all small group and individual that are subject to a single risk pool.

- 3. Q: For Individual and Small Group form filings - both ON and OFF Exchange, can we submit forms with variable material in them?**

Yes, the statement of variability will need to be included with the filing and all variations will need to be shown. There needs to be a specific plan ID for each plan variation.

- 4. Q: Is the 5/11 due date for ACA filings for form, rate, AND binder filings?**

Yes, all federal templates, state templates, and forms including the URRT need to be submitted.

- 5. Q: For the implementation date on the filings, can carriers use "Upon Approval" as an option or are you looking for a specific date?**

"Upon Approval" can only be used for new submissions. We need a specific implementation date for any rate changes. The implementation date must be at least 60 days from the submission date, 90 days is preferred.

- 6. Q: I noted that the experience workbook via link on SERFF is readable only. Will this changed?'**

Yes, new versions will be uploaded by April 1, 2016.

- 7. Q: Can TOI H23I or H23G be used for Excepted Benefit Indemnity plans? We are not sure what a wrap around plan is?**

Yes, please read 45 CFR 146.145 for definitions on "limited wraparound coverage."

- 8. Q: Does "Statement of Variability" mean the same as "Explanation of Variability"?**

Yes.

- 9. Q: Are you expecting many mandated changes in the policy forms from what they were for 2016?**

The 2017 benchmark is based on a transitional plan this not ACA-compliant. We have been in discussion with CMS regarding discriminatory benefit design. There may be changes dependent on discrimination issues. We intend to address specific differences during webinars.

**10. Q: Are large employer group form and rate filings due on May 11, 2016? Or just small employer group?**

Just small group and individual single risk pool filings.

***Webinar 2 Questions and Answers***

**1. Q: For notices required in the group market, must we follow exactly the format published by CMS?**

Yes, the grace period from CMS regarding these notices has passed. See the linked bulletin from CMS for more information about the notices:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Renewal-Notices-9-3-14-FINAL.PDF>.

**2. Q: Are student health plans required to meet the individual MLR standards by state or only on a nationwide basis?**

In Indiana you must meet the MLR based on a statewide basis.

**3. Q: General question-- For 2017, will waiting periods be allowed for pediatric dental orthodontics?**

Waiting periods are allowed for pediatric dental for orthodontics.

**4. Q: Are different rates allowed for under-graduate, graduate, international students? I thought you said no?**

It is allowed to have different rates by each of under-grad, graduate and international students and different rates by school.

***Webinar 3 Questions and Answers***

**1. Q: Do we submit to only SERFF, or both SERFF and HIOS?**

You must submit to both SERF and HIOS and the submissions should be the same in both systems; if one system is updated the other system must be updated to reflect the changes.

**2. Q: Does the 2017 out of network cost sharing apply to radiologists, pathologists, and anesthesiologists that are independent of a PPO.**

Yes, as long as the policyholder has an out-of-network charge from an ancillary provider at an in-network facility and the insurance company did not provide written notice to the enrollee, as described in the Notice of Benefit and Payment Parameters for 2017. The notice can be found here: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf>.

**3. Q: Will you be putting out a release for grandmother renewals?**

Yes, the IDOI will issue guidance regarding transitional plans.

**4. Q: Does the OCR rule apply to off-exchange insurance plans, since they are not offered through the Exchange?**

The rule applies if your company has ever accepted any federal money in any state under any subsidiary.

**5. Q: If filing only rate changes, is a binder filing required?**

For 2017, we have new benchmark and review standards. We expect rates and forms from all carriers writing new business in 2017, including individual, small group, and stand alone dental plans.

#### ***Webinar 4 Questions and Answers***

**1. Q: Do benefits need to be added to the CMS Plans and Benefit Template?**

If you are adding benefits in excess of EHB and state mandates, you should add them to both the PBT and the IDOI EHB verification template.

**2. Q: Regarding plan mapping, only plans with exposure need to be mapped?**

All plans need to be mapped regardless of whether there is exposure, all plans offered in 2016 will need to be mapped to a plan in 2017. This includes 2016 plans being terminated and those with no current enrollees.

**3. Q: Since the URRT is going to be resubmitted. How is the IDOI going to ensure that carriers don't update their rate?**

The final version of the URRT was released on 3/23/16. The URRT submitted into HIOS and the BINDER on May 11, 2016 will be considered the final version. The only changes would be if we request a new version. The rates are stored on the rates template which is also final on May 11, 2016.

**4. Q: With regard to the ADA Codes indicated in the FEDVIP 2014 dental benchmark plan, must the policy forms indicate the ADA Codes in the specific Dental Classifications (e.g., Basic Dental Services, Major Dental Services) as shown in the benchmark plan or can insurers place ADA Codes in different classifications such as indicating benchmark plan ADA Codes for Major Dental Services in the Basic Dental Services?**

We are waiting for guidance from CMS and will update the FAQ accordingly.

**5. Q: Will the habilitative and rehabilitative contract language require any changes from what was acceptable in 2016?**

No, last year Indiana required that habilitative and rehabilitative services be separated, as is required in 2017.

**6. Q: For off exchange plans in the small group market are the Network Template, Service Area Template, and ECP/Network Adequacy Templates required?**

No.

**7. Q: Could you please confirm the action we need to take if we have off-exchange SADP plans in 2016 but will not be offering them in 2017?**

We are waiting for guidance from CMS and will update the FAQ accordingly.

**8. Q: The slide for ECP/Network Adequacy Template indicates you "will rely on an issuer certification." Is there a document for this or do we need to develop something to submit?**

ECP/Network Adequacy Template is not required for off exchange carriers and a formal certification will not be required, however, insurers need to be familiar with and comply § 1557 of the ACA, which is the nondiscrimination provision of the act.